

**CHAPTER 64D-3
CONTROL OF COMMUNICABLE
DISEASES AND CONDITIONS WHICH
MAY SIGNIFICANTLY AFFECT PUBLIC
HEALTH**

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64D-3.001 Definitions.

When used in Chapter 64D-3, the following terms shall mean:

(1) "Carrier" --

(a) A person who harbors pathogenic organisms of a communicable disease but who does not show clinical evidence of the disease and has not shown any such evidence for the ninety-day period immediately prior to the discovery of the pathogenic organisms; or

(b) A person to whom evidence points as the source of one (1) or more cases of any communicable disease but who refuses to submit clinical specimens to the county health department or Department for examination; or

(c) A person who, in the judgment of the county health department director or administrator or his designated representative, is found to be a suspect carrier and who refuses to submit to examination when ordered to do so for good cause shown by county health department director or administrator; or

(d) A person reported to the county health department or the State Health Office to be a carrier by the health authorities of any municipality, county, or state in the United States, of any foreign nation or of any international organization of which the United States is a member.

(2) "Case" -- An instance of a notifiable disease or condition in a person or animal.

(3) "Communicable Disease" -- An illness due to a specific infectious agent or its toxic products which arises through transmission of that agent or its products

from a reservoir to a susceptible host either directly as from an infected person or animal or indirectly, through an intermediate plant or animal host, vector or the inanimate environment.

(4) "Contact" -- A person or animal that has been in such association with an infected person or animal or a contaminated environment as to have had opportunity to acquire the infection.

(5) "Designated Representative" -- The person officially named by the local county health department director/administrator or the State Health Officer to represent and to carry out the functions of the county health department or the State Health Office, respectively, in the absence of the county health department director or administrator or State Health Officer.

(6) "Epidemic" or "Outbreak" -- The occurrence in persons in a community, institution, region, or other defined area of a group of cases of an illness of similar nature clearly in excess of normal expectancy.

(7) "Epizootic" -- The occurrence in animals in a community, institution, region or other defined area of a group of cases of an illness of similar nature in excess of normal expectancy.

(8) "Exposure to Rabies" -- An action whereby a potentially rabid animal has bitten, scratched or put its saliva in contact with the mucous membrane or an open lesion of another animal or human.

(9) "Health Authorities" -- Any local county health department director or administrator or the State Health Officer or their designated representatives; any chief health official of any municipality, county, or state in the United States, of any foreign nation or of any international organization of which the United States is a member.

(10) "State Health Office" -- The Central State Health Office within the Department of Health, State of Florida, responsible for the planning and development of all health programming, as established in Section 20.19(3)(c)2.c., F.S.

(11) "Household Contact" -- Any

person who lives in the same dwelling unit with a case or carrier. Considering the disease in question, at the discretion of the county health department director or administrator, other persons who are in frequent close association with the case or with other household members may be considered a household contact.

(12) "Notifiable Disease" -- A communicable disease or condition of public health significance required to be reported in accordance with these Rules.

(13) "Public Preschool Center" -- A public preschool center, consisting of one or more classes, is one in which a program is provided in grades other than K-12 for pre-kindergarten aged children and which is administered by a Florida public school system.

(14) "School" -- Any facility, public or non-public, operating under Florida Statutes as a school.

(15) "Sensitive Situation" -- See Rule 64D-3.014.

(16) "Source of Infection" -- The person, animal, object or substance from which an infectious agent passes directly to the host.

(17) "Suspect" -- A person whose medical history and symptoms suggest that he may have or may be developing a notifiable or other communicable disease condition.

(18) "Terminal Disinfection" -- Cleaning procedures designed to eradicate infectious agents from the physical environment.

Specific Authority 381.0011(4), (13), 381.003(1)(c), (2) FS.

Law Implemented 381.0011(4), 381.003(1)(c) FS.
History--New 12-29-77, Amended 6-7-82, Formerly 10D-3.61, Amended 7-21-96, Formerly 10D-3.061.

64D-3.002 Notifiable Diseases or Conditions to Be Reported, Human.

(1) The following notifiable diseases or conditions are declared as dangerous to the public health. The occurrence or suspected occurrence of these diseases listed in Rule 64D-3.002, except cancer and

carriers of certain diseases listed in Rule 64D-3.013 in any person, including persons who at the time of death were so affected, shall be reported by the attending practitioner as defined in Rule 10D-3.076 to the local county health department director/administrator. Such reports shall be made within 48 hours of recognition by telephone or in writing, except for certain specified diseases as indicated below by a (T) which shall be reported immediately by telephone. Exceptions to the reporting time frames required as defined by this rule are provided for syphilis, as indicated in 64D-3.016(3) and AIDS, as indicated in 10D-3.098(1)(a)1., 2. Cancer cases treated in hospitals shall be reported to the Florida Cancer Data System as required by 385.202, F.S.

- (a) Acquired Immune Deficiency Syndrome (AIDS)
- (b) Amebiasis
- (c) Animal Bite to humans only by a potentially rabid animal
- (d) Anthrax (T)
- (e) Botulism (T)
- (f) Brucellosis
- (g) Campylobacteriosis
- (h) Cancer (except non melanoma skin cancer)
 - (i) Chancroid
 - (j) Chlamydia trachomatis
 - (k) Ciguatera
 - (l) Cryptosporidiosis
 - (m) Cyclosporiasis
 - (n) Dengue
 - (o) Diphtheria (T)
 - (p) Ehrlichiosis, human
 - (q) Encephalitis
 - (r) Enteric disease due to Escherichia coli 0157:H7
 - (s) Enteric disease due to other pathogenic Escherichia coli (including enterotoxigenic, enteroinvasive, enteropathogenic, enterohemorrhagic, and enteroaggregative strains)
 - (t) Giardiasis (acute)
 - (u) Gonorrhea
 - (v) Granuloma Inguinale
 - (w) Haemophilus Influenzae Type b

invasive disease

- (x) Hansen's Disease (Leprosy)
- (y) Hantavirus infection
- (z) Hemolytic Uremic Syndrome
- (aa) Hemorrhagic Fever (T)
- (bb) Hepatitis
- (cc) Histoplasmosis
- (dd) Kawasaki
- (ee) Lead Poisoning
- (ff) Legionnaire's Disease
- (gg) Leptospirosis
- (hh) Lyme Disease
- (ii) Lymphogranuloma Venereum
- (jj) Malaria
- (kk) Measles (T)
- (ll) Meningitis
- (mm) Meningococcal Disease
- (nn) Mercury Poisoning
- (oo) Mumps
- (pp) Paralytic Shellfish Poisoning (T)
- (qq) Pertussis
- (rr) Pesticide Poisoning
- (ss) Plague (T)
- (tt) Poliomyelitis (T)
- (uu) Psittacosis
- (vv) Rabies
- (ww) Rocky Mountain Spotted Fever
- R. Rickettsia
- (xx) Reye Syndrome
- (yy) Rubella, including congenital
- (zz) Salmonellosis
- (aaa) Shigellosis
- (bbb) Streptococcal Disease, invasive, Grp A
- (ccc) Streptococcal Toxic Shock Syndrome
- (ddd) Streptococcus pneumoniae, drug resistant
- (eee) Syphilis
- (fff) Tetanus
- (ggg) Toxic Shock Syndrome
- (hhh) Toxoplasmosis, acute
- (iii) Trichinosis
- (jjj) Tuberculosis
- (kkk) Typhoid Fever
- (lll) Typhus (T)
- (mmm) Vibrio cholera (T)
- (nnn) Vibrio Infections
- (ooo) Yellow Fever (T)
- (ppp) Any disease outbreak in a

community, a hospital, or other institution, or a foodborne, or waterborne outbreak as defined in Rule 10D-3.064

(2) The department periodically will list additional diseases and conditions on its reporting forms for which reporting is encouraged but not required.

Specific Authority 381.0011(13), 381.003(2), 384.33 FS.

Law Implemented 154.01, 381.0011(4), 381.003(1), 384, 385.202 FS.

History--New 12-29-77, Amended 6-7-82, 11-6-85, Formerly 10D-3.62, Amended 2-26-92, 9-7-93, 11-1-94, 7-21-96, Formerly 10D-3.062.

64D-3.003 Notification by Laboratories.

(1) All records of laboratories which provide evidence suggestive of any notifiable disease shall be made available upon request to representatives of the county health department director or administrator or the State Health Officer or to either of their designated representatives or to other specifically-named representatives, of the county health department director or administrator or the State Health Officer. All laboratory information described herein is confidential and is not open to public inspection.

(2) DOH county health department or State Health Office personnel may contact the patient or the potential contacts so identified from laboratory reports only after consulting with the attending practitioner.

Specific Authority 381.0011(13), 381.003(1)(d), (2), 384.33 FS.

Law Implemented 154.01, 381.0011, 381.003, 384.25 FS.

History--New 12-29-77, Amended 6-7-82, Formerly 10D-3.66, Amended 2-26-92, 7-21-96, Formerly 10D-3.066.

64D-3.004 Notifiable Disease Case Report Content.

All notifiable disease case reports required by Sections 64D-3.002 and 64D-3.003 shall contain the diagnosis, name, address, age, sex, and date of onset of each case.

Specific Authority 381.0011(4), (13), 381.003(1)(d), (2), 381.0031(1), 384.25 FS.

Law Implemented 381.0011(4), 381.003(1), 381.0031(1) FS.

History--New 12-29-77, Amended 6-7-82, Formerly 10D-3.68, 10D-3.068.

64D-3.005 Authority, DOH County Health Department Director or Administrator and State Health Officer.

(1) The State Health Officer or his designated representative, or the county health department director or administrator, or his designated representative, shall have the authority to give public notice of quarantine as defined in Section 64D-3.007 and to initiate or terminate conditions of quarantine for purposes of controlling the spread of notifiable diseases or other disease conditions.

(2) The persons in charge of all premises upon which a person or persons or animals are quarantined shall allow access to the county health department director or administrator, the State Health Officer, or either of their designated representatives to assure that provisions of this Chapter and his orders applicable to the cases involved are observed.

Specific Authority 381.0011(4), (6), (13), 381.003(1)(d), (2), 384.28 FS.

Law Implemented 154.04, 381.0011(4), 381.003(1), 384.28 FS.

History--New 12-29-77, Amended 6-7-82, Formerly 10D-3.74, Amended 7-21-96, Formerly 10D-3.074.

64D-3.006 Reports, Hospitals.

(1) The chief administrative officer of each civilian hospital shall (and the United States military and Veterans Administration Hospitals are requested to) appoint an individual from the staff, hereinafter referred to as "reporting officer," who shall be responsible for reporting cases or suspect cases of diseases on the notifiable disease list in persons admitted to, attended to, or residing in the facility (cf. Notification by Laboratories, Section 64D-3.003).

(2) Reporting of a case or suspect case of notifiable disease by a hospital fulfills the requirements of the attending practitioner to report; however, it is the responsibility of the attending practitioner to ensure that the report is made as stipulated in Section 64D-3.002.

Specific Authority 381.0011(13), 381.003(1)(d), (2), 384.33 FS.
Law Implemented 381.0011, 381.003, 384.25, 385.202 FS.
History--New 12-29-77, Amended 6-7-82, Formerly 10D-3.77, Amended 2-26-92, 7-21-96, Formerly 10D-3.077.

64D-3.007 Quarantine, Requirements.

(1) Quarantine is an official order that limits the freedom of movement and actions of persons or animals which is deemed necessary in order to prevent the spread of a notifiable disease or other disease condition. The county health department director or administrator or the State Health Officer shall determine which persons or animals are subject to quarantine and shall issue appropriate instructions.

(2) Quarantine orders shall be in effect for a time period in accord with accepted public health practice.

Specific Authority 381.0011(4), (6), (10), (13), 381.003(1)(d), (2), 384.28 FS.
Law Implemented 381.0011(6), 381.003(1), 384.28 FS.
History--New 12-29-77, Amended 6-7-82, Formerly 10D-3.81, Amended 7-21-96, Formerly 10D-3.081.

64D-3.008 Transportation and Removal of Quarantined Persons and Animals.

(1) Transportation or removal of quarantined persons or animals may be made only with prior approval of the appropriate county health department directors or administrators, or the State Health Officer, or their designated representatives.

(2) Transportation or removal of quarantined persons or animals shall be made in accordance with orders issued by the county health department director or administrator, or the State Health Officer, or their designated representatives.

(3) Quarantine shall be resumed immediately upon arrival of quarantined person or animal at point of destination for the period of time in accord with accepted public health practices.

Specific Authority 381.0011(4), (6), (10), (13), 381.003(1)(d), (2), 384.28 FS.
Law Implemented 381.0011(6), 381.003(1), 384.28 FS.

History--New 12-29-77, Amended 6-7-82, Formerly 10D-3.82, Amended 7-21-96, Formerly 10D-3.082.

64D-3.009 Laboratory Examinations, Release From Quarantine.

Whenever provisions of this Chapter require laboratory specimens to be submitted for the identification of specific microorganisms in order to determine eligibility for release from quarantine, such examination shall be performed in a laboratory approved by the Department for performing such tests.

Specific Authority 381.0011(4), (6), (13), 381.003(1)(d), (2) FS.
Law Implemented 381.0011(6), 381.003(1) FS.
History--New 12-29-77, Amended 6-7-82, Formerly 10D-3.86, 10D-3.086.

64D-3.010 Quarantine Disinfection Procedures, Concurrent and Terminal.

(1) Concurrent disinfection is required of infectious or potentially infectious secretions or excretions of any quarantined person or animal or of objects contaminated by such secretions and/or excretions. The collection of such contaminated matter and disinfection procedures shall be approved by the county health department director or administrator or his representative.

(2) Terminal disinfection shall be carried out at the termination of the period of quarantine and shall be applied to the quarters vacated. The disinfection procedures shall be approved by the county health department director or administrator or his representative.

Specific Authority 381.0011(4), (6), (13), 381.003(1)(d), (2) FS.
Law Implemented 381.0011(6), 381.003(1) FS.
History--New 12-29-77, Amended 6-7-82, Formerly 10D-3.87, Amended 7-21-96, Formerly 10D-3.087.

64D-3.011 Control of Communicable Diseases, Public and Nonpublic Schools, Grades Preschool, and Kindergarten Through 12.

(1) Immunization Requirements --
The school board of each district and the governing authority of each nonpublic school shall establish and enforce as policy that

prior to admittance or attendance in a public or nonpublic school, grades preschool and kindergarten through 12, each child shall present or have on file with said school a Certification of Immunization for the prevention of diphtheria, pertussis, tetanus, poliomyelitis, rubeola, rubella, and mumps or a Certificate of Exemption. Prior to admittance or attendance in preschool, children shall also be vaccinated for Haemophilus influenzae type b with documentation on the Certification of Immunization. The manner and frequency of administration of the immunization shall conform to recognized standards of medical practice. Effective with the 1998/99 school year, in addition to the immunizations listed above, children shall complete the hepatitis B vaccine series prior to entry, attendance or transfer to kindergarten in Florida schools. Each subsequent year thereafter the next highest grade will be included in the requirement so that students transferring into Florida schools are added to the immunized cohort. Effective with the 1997/98 school year, children entering, attending or transferring to seventh grade in Florida schools will be required to complete, vaccination against hepatitis B, a second dose of measles vaccine (preferably MMR), and a tetanus-diphtheria booster prior to admittance or attendance. Each subsequent year thereafter the next highest grade will be included in the requirement so that students transferring into Florida schools are added to the immunized cohort.

(2) Documentation Requirements

(a) Certificate of Immunization -- Only fully immunized children shall be issued Certificates of Immunization which must be provided on DOH Form 680 (Part A). A child may attend school only after an authorized school official has examined the certificate for validity. A valid Certificate of Immunization shall be properly dated and signed or authorized by a physician. Data elements transferred through the Florida Automated System for Transferring Education Records (FASTER) will include all antigen doses by dates of immunization. The

original paper DOH Form 680 Part A, the Certificate of Immunization, shall remain in the student's cumulative health record.

(b) Certificate of Exemption -- A child may attend school without a valid Certificate of Immunization only if he presents a Certificate of Exemption for medical or religious reasons or if he is a transfer student.

1. Medical Exemptions -- A child in attendance with a medical exemption must present or have on file the Medical Exemption, DOH Form 680 (Part B), properly dated and signed or authorized by a physician licensed under provisions of Chapter 458, 459, or 460 or DOH Form 680 (Part C), properly dated and signed by a physician licensed under provisions of Chapter 458 or 459. The original paper temporary or permanent medical exemption shall be transferred for follow-up in addition to the electronic transfer of these records. DOH Form 680 (Part B) is a Temporary Medical Exemption which must indicate an expiration date. A child attending under such an exemption is not fully immunized. The expiration date indicated is to be fifteen (15) days after each child's next scheduled appointment to receive additional vaccine appropriate to the child's age. DOH Form 680 (Part C) is a Permanent Medical Exemption which indicates the child is not fully immunized and cannot receive any more of a particular vaccine due to medical reasons. Medical reasons must be stated for each vaccine that is contraindicated as described above.

2. Religious Exemptions -- Religious Exemption requests must be presented on DOH Form 681 which is to be issued only by DOH county health departments.

3. Special Exemptions -- Exemption from the measles immunization requirement based on past history of measles disease can be granted based on either a written statement by a physician on his stationery which states that the child requesting exemption has had an illness comprised of a generalized rash lasting three (3) or more days, a fever of 101 degrees Fahrenheit or

greater, a cough, and/or coryza, and/or conjunctivitis and, in the physician's opinion, has had the ten-day measles (rubeola) or serologic evidence of immunity to measles.

(3) Compliance Reporting

(a) Each public and nonpublic school with a kindergarten shall submit an annual compliance report. The report shall be completed on DOH Form 684 (Kindergarten Annual Report of Compliance). The report shall be forwarded to the county health department director/administrator no later than October 1 of each school year where the data will be compiled on DOH Form 685, the Kindergarten Annual Report of Compliance County Summary, or electronically generated by the Department of Education. Effective with the 1997/98 school year, each public and nonpublic school with a seventh grade shall submit an annual compliance report. The report shall be completed on DOH Form 684 to be renamed the Immunization Annual Report of Compliance for Kindergarten and Seventh Grades and shall include the immunization status of all children who were attending kindergarten and seventh grades at the beginning of the school year. The report shall be forwarded to the county health department director/administrator no later than October 1 of each school year.

(b) After consultation with the Department of Education, the Department of Health shall require compliance reports from public and nonpublic schools and preschools for selected grades (K-12 and preschool) in special situations of vaccine preventable disease outbreak control or identified need for monitoring through surveys for immunization compliance levels. Such reports shall include the status of all children who were attending school at the beginning of the school year. Reports shall be forwarded to the county health department director/administrator within a specified period as determined by the department.

(4) Exclusionary Provisions -- Any student not in compliance with the stipulations of these sections (64D-3.011(1) or (2)) shall be excluded temporarily from

school until such time as the appropriate immunization documentation is presented and entered into his school record.

(5) Forms Availability -- Forms used to document compliance with section 232.032, F.S., are available as indicated below:

FORM #	EFFECTIVE DATE	TITLE	AVAILABILITY
DOH 680A	(Jan 93)	Certificate of Immunization	DOH county health departments (CHDs), physicians' offices
DOH 680B	(Jan 93)	Temporary Medical Exemption	DOH CHDs, physicians' offices
DOH 680C	(Jan 93)	Permanent Medical Exemption	DOH CHDs, physicians' offices
DOH 681	(June 94)	Religious Exemption From Immunization	DOH CHD
DOH 684	(Aug 84)	Kindergarten Annual Report of Compliance	DOH CHDs
DOH 685	(Aug 84)	Kindergarten Annual Report of Compliance County Summary	DOH CHDs

(6) Adult Education Classes -- Students under 21 years of age attending adult education classes will provide acceptable proof of immunization as specified in 64D-3.011(1).
Specific Authority 232.032(1), (10), 381.0011(13), 381.003(2), 381.005(2) FS.
Law Implemented 232.032(1), 381.0011(4), 381.003(1), 381.005(1)(i), 458, 459, 460 FS.
History--New 12-29-77, Amended 6-7-82, 11-6-85, Formerly 10D-3.88, Amended 2-26-92, 9-20-94, 9-21-95, 4-7-96, Formerly 10D-3.088.

64D-3.012 Diseased Animals.

No person shall bring into this state or offer for sale domestic or feral animals infected with a disease communicable from animals to humans.

Specific Authority 381.0011(4), (6), (10), (13), 381.003(1)(d), (2), 823.04(1) FS.

Law Implemented 381.0011(6), 381.003(1), 823.04 FS.

History--New 12-29-77, Amended 6-7-82, Formerly 10D-3.90, 10D-3.090.

64D-3.013 Procedures for Control of Specific Communicable Diseases.

(1) Psittacosis (Chlamydiosis)

(a) All cases and suspected cases of Psittacosis (Chlamydia infection) in psittacine birds, pigeons, domestic fowls and other birds, and man shall be reported to the county health department director or administrator.

(b) Birds suspected of being infected or having been associated with infected birds shall not be removed from any premises until the county health department director or administrator, or the State Health Officer has investigated the situation and issued orders which may include quarantine, laboratory examination, or prescribed treatment according to recommendations of the National Association of State Public Health Veterinarians, Inc. published in the annual Compendium of Psittacosis (Chlamydiosis) Control.

(2) Rabies

(a) Reporting of Suspected Human Exposure to Rabies -- Any person having knowledge of an incident in which a person is bitten by or otherwise exposed to any known or suspected rabid animal shall notify the county health department director or administrator.

(b) Prevention in Humans -- Persons bitten or otherwise exposed to suspect rabid animals shall be evaluated for post-exposure treatment by the county health department director/medical director or the state health officer according to recommendations of the Immunization Practices Advisory Committee published in the Centers For Disease Control and Prevention Morbidity and Mortality Weekly report.

(c) Rabies Control in Animals

1. The county health department director or administrator shall promptly investigate reported bites or exposures by suspected rabid animals.

2. Capture, confinement, quarantine, humane euthanization, and laboratory examination of all suspected rabid animals, as well as animals involved in human exposure (bite and non-bite) and animals exposed to rabid animals, and other methods of controlling rabies in domestic or wild animals shall be administered according to current recommendations of the National Association of State Public Health Veterinarians, Inc. (NASPHV) published in the annual Compendium for Animal Rabies Control by order of the county health department director or administrator or the State Health Officer.

(d) Epizootic Rabies

1. The State Health Officer or his designated representative, or the county health department director or administrator or his designated representatives may declare an areawide quarantine when prevalence of rabies so indicates. The conditions of the quarantine may control the movement, sale impoundment and required euthanization of animals in the vaccination area as defined by departmental policy and procedure guidelines, and CDC and NASPHV recommended actions.

(3) Shigella and Salmonella Infections (excluding typhoid fever, see Section 10D-3.093(5))

(a) Cases, Contacts, and Carriers in Sensitive Situations

1. Cases -- Persons with shigella and salmonella infections (excluding typhoid fever) shall be prohibited from being present in selected sensitive situations as defined in Section 64D-3.014 and as specified by the county health department director/administrator or the State Health Officer until they are released as non-infectious and determined no longer to be a public health hazard. Release is obtained by the infected person's submitting a minimum of two (2) stool specimens in satisfactory

condition to one of the Department's laboratories or other clinical laboratory acceptable to the Department and meeting the following conditions:

- a. The specimens are negative for these organisms.
- b. The first specimen:
 - i. For those cases receiving antibiotics, the specimen shall not be obtained sooner than seventy-two (72) hours after the cessation of any antibiotic therapy.
 - ii. For those cases with symptoms but not receiving antibiotics, the specimen shall not be obtained sooner than seven (7) days after onset of symptoms.
 - iii. For those cases without symptoms and not receiving antibiotics, the specimen shall not be obtained sooner than seven (7) days from the date of collection of the first positive culture.
- c. The second and subsequent specimen shall not be obtained sooner than at 24-hour intervals.

2. Contacts -- Persons in selected sensitive situations as defined in Section 64D-3.014 and as specified by the county health department director/administrator or the State Health Officer who are household or other close contacts of an infected person shall be managed as follows:

a. Those persons who have symptoms presently of an enteric illness or who have had such symptoms during the past two (2) weeks shall be presumed to be infected and shall be managed as a case as outlined in Section 64D-3.013(3)(a)1.

b. Those persons who do not have symptoms presently of an enteric illness or who have not had those symptoms during the past two (2) weeks may be permitted to continue in their sensitive situation at the discretion of the county health department director/administrator or the State Health Officer provided they submit a stool specimen for examination within forty-eight (48) hours of request and, furthermore, that they remain free of symptoms of enteric illness. If the contact person remains free of symptoms of enteric illness and if his stool specimen is negative, he may be permitted

to continue in the sensitive situation, provided he submits a stool specimen weekly which is negative until his contact with the infected person (case) is broken or the case is released. If the contact person develops symptoms of enteric illness or if the stool specimen is positive, the person must be managed as a case as defined in Section 64D-3.013(3)(a)1.

3. Carriers -- Persons infected with salmonella (excluding typhoid fever) without symptoms may attend schools or child care centers at the discretion of the county health department director/administrator or the State Health Officer, provided adequate sanitary facilities and hygienic practices exist.

(b) Cases, Contacts, and Carriers in Non-sensitive Situations -- These persons should be counselled regarding disease transmission, food preparation, and hand washing practices. Follow-up or release stool cultures are not required.

(4) Typhoid Fever

(a) Enteric isolation procedures are required for all cases during the acute stages of illness. The patient shall be under the supervision of the county health department director or administrator or the State Health Officer until bacteriologic cultures are obtained from feces and are negative in no less than three consecutive specimens taken at least 24 hours apart and not earlier than 1 month after onset of illness, provided the patient has been off antibiotic therapy for a period of 1 week. If any one specimen of this series yields typhoid organisms, then at least an additional three negative consecutive specimens of feces taken at least 24 hours apart are required for release of the case.

(b) Household contacts of a typhoid case who may be excreting *S. typhi* as determined by the county health department director or administrator or the State Health Officer and who are involved in food processing, food preparation or food service for public consumption or in any occupation bringing them in contact with children, ill persons, or the elderly or are present in other sensitive situations as defined in Rule 64D-

3.014 are prohibited from returning to such occupation or situation until no less than three specimens of feces taken at no less than daily intervals are bacteriologically negative for typhoid organisms. In addition, other appropriate tests may be required at the discretion of the county health department director or administrator or the State Health Officer.

(5) Perinatal Hepatitis B

(a) All pregnant women shall be routinely tested for the hepatitis B surface antigen (HBsAg) during an early prenatal visit in each pregnancy. This test shall be performed at the same time that other routine prenatal screening is ordered.

(b) Infants born to HBsAg-positive mothers shall receive hepatitis B immune globulin and hepatitis B vaccine once they are physiologically stable, preferably within 12 hours of birth and shall complete the hepatitis B vaccine series according to the recommended vaccine schedule. Testing infants for HBsAg and antibody to hepatitis B surface antigen (anti-HBs) six (6) months after the completion of the hepatitis B vaccine series is recommended to monitor the success or failure of therapy.

(c) Household members, sexual and needle-sharing partners of prenatal/postpartum hepatitis B carriers shall be tested to determine susceptibility to the virus, and, if susceptible shall receive the hepatitis B vaccine series.

(d) All infants of mothers born in areas of high endemicity for hepatitis B infection shall be universally immunized with hepatitis B vaccine. These areas include China, Southeast Asia, Africa, Middle East, Pacific Islands and the Amazon Basin. Alaskan Native infants shall also be universally immunized with hepatitis B vaccine.

(6) Vibrio Infections

(a) All food service establishments serving raw oysters shall display, either on menus, table placards, or elsewhere in plain view of all patrons, the following notice: "Consumer Information: There is risk associated with consuming raw oysters. If

you have chronic illness of the liver, stomach or blood or have immune disorders, you are at greater risk of serious illness from raw oysters, and should eat oysters fully cooked. If unsure of your risk, consult a physician."

Specific Authority 381.006, 381.0011(8), (13), 120.535, 381.003(2), 384.33 FS.

Law Implemented 381.0011(4), (8), 381.003(1), 381.0031, 384 FS.

History--New 12-29-77, Amended 6-14-78, 6-7-82, 11-6-85, Formerly 10D-3.91, Amended 7-5-87, 7-19-89, 2-26-92, 10-20-93, 11-1-94, 7-21-96, Formerly 10D-3.091.

64D-3.014 Sensitive Situations.

A sensitive situation is defined as a setting in which the presence of a person or animal infected with or suspected of being infected with a notifiable or other communicable disease or condition which may significantly affect public health would therefore, constitute a public health hazard.

The county health department director/administrator, or the State Health Officer, or either of their designated representatives shall prohibit such person or animal from being present in such situations. Locations which give rise to sensitive situations may include but are not limited to schools, child care centers, hospital and other patient care facilities, food storage facilities, food-processing establishments, food outlets, or places of employment. The prohibition shall be placed in effect and shall remain in effect until the situation no longer represents a public health hazard as determined by the county health department director/administrator, or the State Health Officer, or either of their designated representatives.

Specific Authority 381.0011(4), (6), (7), (13), 381.003(1)(d), (2) FS.

Law Implemented 381.0011(4), (13), 381.003(1) FS.
History--New 6-7-82, Amended 11-6-85, Formerly 10D-3.93, 10D-3.093.

64D-3.015 Diseases Designated as Sexually Transmissible Diseases.

(1) The following diseases are designated as sexually transmissible diseases for the purposes of Chapter 384, F.S., and this rule:

- (a) Acquired Immunodeficiency Syndrome
- (b) Chancroid
- (c) Chlamydia trachomatis
- (d) Gonorrhea
- (e) Granuloma Inguinale
- (f) Human Immunodeficiency Virus Infection
- (g) Lymphogranuloma Venereum
- (h) Syphilis

(2) The department finds that the diseases designated in subsection (1) are sexually transmissible and constitute a threat to the public health and welfare of residents and visitors to the state.

Specific Authority 381.0011(4), (13), 381.003(1)(b), (c), (d), (2), 384.23, 384.25, 384.33 FS.

Law Implemented 381.0011(4), (13), 381.003(1), 384.21, 384.23 FS.

History--New 7-5-87, Amended 9-7-93, 5-20-96, 1-1-97, Formerly 10D-3.096.

64D-3.016 Reporting Requirements for Physicians for Sexually Transmissible Diseases (STDs), Including HIV and AIDS.

(1) Each physician who makes a diagnosis of or treats a sexually transmissible disease, as defined in Rule 64D-3.015, F.A.C., shall report such information to the local county health department as follows:

(a) Except for the special reporting requirements for AIDS, HIV infection and early syphilis listed below in 64D-3.015(1)(c), (d), F.A.C., all reports shall be submitted within three (3) working days from diagnosis.

(b) Except for AIDS and HIV reports, all reports of sexually transmissible diseases shall be completed and submitted on the Florida Confidential Report of Sexually Transmitted Diseases, DOH Form 720, effective 7-5-87. The form, incorporated by reference in this rule, will be furnished by the local county health department.

(c) All cases of AIDS which meet the Centers for Disease Control and Prevention case definition of AIDS and all positive tests to diagnose HIV infection obtained from specimens collected on or after the effective

date of this rule shall be reported. Examples of tests to diagnose HIV infection and antibody-based test systems such as repeat ELISA positives followed by a confirmatory test, and antigen tests such as p24 antigen or polymerase chain reaction (PCR) when these are used for confirmatory purposes. Indeterminate test results and unconfirmed positive antibody tests are not reportable. Reporting shall be as follows:

1. AIDS cases and HIV infection shall be reported on the Adult or Pediatric HIV/AIDS Confidential Case Report form, CDC 50.42C Rev. 12-93 or CDC 50.42B Rev. 3-95, respectively, which are incorporated by reference in this rule. The forms shall be furnished by the Office of Disease Intervention in the State Health Office, 1317 Winewood Boulevard, Tallahassee, Florida 32399-0700, or by the local county health department.

2. Reports must be submitted within two (2) weeks of the diagnosis. Reports shall be submitted to the local county health department.

(d) All cases of early syphilis shall be reported by telephone to the local county health department within 24 hours of diagnosis.

(2) An authorized representative of the department shall contact the reporting physician for permission to initiate follow-up activities. Examples of follow-up activities are post-test counseling for persons who did not return for test results, referral for medical evaluation, case management services, and voluntary partner notification.

(3) Any report of a sexually transmissible disease shall be submitted in a sealed envelope marked "Confidential."

(4) The "Model Protocol for HIV Counseling and Testing" meets the provisions of s. 384.25(7)(a), F.S., and is incorporated by reference in this rule. The model protocol can be obtained from the Office of Disease Intervention, 1317 Winewood Boulevard, Tallahassee, Florida 32399-0700.

Specific Authority 381.0011(13), 381.003(2), 384.25(2), 384.33 FS.

Law Implemented 381.0011, 381.003(1), 384, 458, 459 FS.
History--New 7-5-87, Amended 2-7-90, 2-26-92, 5-20-96, 1-1-97, Formerly 10D-3.097.

64D-3.017 Reporting Requirements for Laboratories.

(1) Each person who is in charge of a laboratory responsible for collecting the specimen or receiving the initial order for testing the specimen for a sexually transmissible disease as defined in Rule 64D-3.015, F.A.C., shall report its finding to the local county health department as follows:

(a) Reporting shall be within 24 hours for all reactive blood tests for syphilis in pregnant women and newborns and all reactive blood tests for syphilis with a quantitative result of a titer of 1:8 dilutions or above.

(b) All other reports shall be submitted within 3 working days from the date of receipt of test results.

(c) Only positive results of tests to diagnose HIV obtained from specimens collected on or after the effective date of this rule shall be reported. Examples of tests to diagnose HIV infection and antibody-based test systems such as repeat ELISA positives followed by a confirmatory test, and antigen tests such as p24 antigen or polymerase chain reaction (PCR) when used for confirmatory purposes. Indeterminate test results and unconfirmed positive antibody tests are not reportable.

(d) Identifying information required on the report is as follows:

1. Tests performed and results, including titer for syphilis when quantitative procedures are performed

2. Name

3. Date of birth

4. Race

5. Sex

6. Address and telephone number of the person from whom the specimen was obtained

7. Name, address and telephone number of the submitting physician

8. Address and telephone number of the processing clinical laboratory

(e) The form upon which the information will be reported shall be furnished by the laboratory.

(f) Any report related to a sexually transmissible disease shall be submitted in a sealed envelope and plainly marked "Confidential."

(2) Each laboratory licensed to perform tests for sexually transmissible diseases shall make its records for sexually transmissible diseases available for on-site inspection by the department or its authorized representatives.

(3) The department shall contact the person in charge of the laboratory for permission to initiate follow-up activities unless the specimen originated in a medical practice subject to the reporting requirements in 64D-3.016, F.A.C., in which case, the department will contact the reporting physician for permission to initiate follow-up activities. Examples of follow-up activities include post-test counseling for persons who do not return for test results, referral for medical evaluation, case management services, and voluntary partner notification.

Specific Authority 381.0011(13), 381.003(2), 381.0031, 384.25(2), 384.33 FS.

Law Implemented 381.0011(4), 381.003(1)(c), 381.0031, 384, 458, 459 FS.

History--New 7-5-87, Amended 2-26-92, 5-20-96, 1-1-97, Formerly 10D-3.099.

64D-3.018 Partner Notification.

(1) The department and its authorized representatives, when deemed necessary to protect public health, shall interview, or cause to be interviewed, all persons infected or suspected of being infected with a sexually transmissible disease.

(2) All information gathered in the course of partner notification shall be confidential and subject to the provisions of 384.29, F.S.

(3) In every case where partner notification is initiated, the authorized representative of the department shall first attempt, by telephone or other means, to

consult with the physician submitting the report of a sexually transmissible disease before initiating steps to interview the patient or cause the patient to be interviewed.

Specific Authority 381.0011(13), 381.003(2), 384.25(2), 384.33 FS.

Law Implemented 154, 381.0011(4), 381.003(1)(c), 384 FS.

History--New 7-5-87, Amended 2-7-90, 2-26-92, Formerly 10D-3.100.

64D-3.019 Blood Testing of Pregnant Women.

(1) Each physician licensed under Chapter 458, F.S., or 459, F.S., or midwife licensed under Chapter 464 or 467, F.S., who attends a pregnant woman for conditions relating to pregnancy during the period of gestation and delivery, shall take or cause to be taken a sample of venous blood, and shall submit the sample to an approved laboratory for a standard blood test for syphilis.

(2) The samples of blood shall be taken at the time of the first examination relating to the current pregnancy and a second specimen at 30 to 32 weeks.

(3) A blood sample shall be taken for testing on pregnant women who appear at delivery with no record of a blood test for syphilis during pregnancy or pregnant women who had a serologic test for syphilis during pregnancy that was reactive, regardless of subsequent tests that were non-reactive.

(4) Physicians required by law to report births and stillbirths shall record on such report the date or approximate date a blood test for syphilis was made on the woman who bore the child or state the reason for not making the test if none was made. In no case shall the result of the test be recorded on the birth certificate.

(5) The physician submitting the blood sample for such test shall state that this is a blood test for syphilis on a pregnant woman. The laboratory report shall be made on a form provided in subsection (7).

(6) The department is authorized to use the information from blood tests for syphilis in women for such follow-up

procedures as required by law or deemed necessary by the department for the protection of public health.

(7) Form Availability -- The form to be used to report results of a blood test for syphilis in a pregnant woman is:

Form #DOH 552

Effective Date -- (Dec 88)

Title -- Serology Syphilis

Availability -- county health departments

Specific Authority 381.0011(13), 381.003(2), 384.33 FS.

Law Implemented 381.0011(4), 381.003(1), 384, 458, 459, 464, 467 FS.

History--New 7-5-87, Amended 2-26-92, Formerly 10D-3.101.

64D-3.020 Enforcement and Penalties.

(1) Any person who does not comply as required by subsections 64D-3.016 and 64D-3.017 of this rule shall be fined by the department up to \$500 for each offense.

(2) In determining the amount of fine to be levied for a violation as provided in paragraph (1), the following factors shall be considered:

(a) A history of late, infrequent, or non-reporting by each physician or midwife who makes a diagnosis of or treats a person with a sexually transmissible disease and each laboratory that performs a test for a sexually transmissible disease which concludes with a positive test.

(b) The severity of the violation, including the probability that transmission of the disease will be spread to other persons or serious harm to the health of any person will result or has resulted.

(c) Actions taken by the physician or midwife, and each laboratory, to correct the violation or to remedy the complaints.

(d) Any previous violations of the physician, midwife or laboratory.

(e) All amounts collected pursuant to this section shall be deposited in the county health department trust fund.

Specific Authority 381.0011, 381.003, 384.33, 384.34 FS.

Law Implemented 381.0011, 384.33, 384.34 FS.

History--New 7-5-87, Amended 5-20-96, Formerly 10D-3.102.

64D-3.021 Definitions.

(1) As used in this chapter, "Active tuberculosis," "County health department," "Cure or treatment to cure," "Department," "Directly observed therapy," "Threat to the public health," and "Tuberculosis" have the same meaning as in s. 392.52, F.S., and the following words and phrases shall have the following meanings:

(2) "Indigent" or "medically indigent" -
- A person with a family income below 100 percent of the current federal poverty level without health insurance or a person with family income above 100 percent of the current federal poverty level but without adequate insurance or income to meet his health care needs.

Specific Authority 381.0011(4), (13), 381.003(1)(a), (2), 392.52, 392.66 FS.

Law Implemented 381.0011(4), (13), 381.003(1)(a), 392.52 FS.

History--New 7-19-89, Amended 5-20-96, Formerly 10D-3.104.

64D-3.022 Reporting Requirements for Physicians.

(1) Each physician who makes a diagnosis of or provides medical services to a person with suspected or confirmed tuberculosis shall report or cause to be reported such diagnosis to the department.

(2) The form, CDC Form 72.9A Report of Verified Case of Tuberculosis, upon which the case will be initially reported, shall be furnished by the department or the local county health department and is incorporated by reference into this rule.

(3) Clinical information required on the report shall include all information requested to the fullest extent known at the time the report is made.

(4) Initial reports shall be submitted by telephone or in writing within 72 hours of diagnosis. Reports shall be submitted to the county health department office having jurisdiction for the area in which the office of the reporting physician or the patient's residence is located.

(5) Subsequent reports shall be submitted to the county health department at such intervals as deemed appropriate by the

attending physician or upon request by the county health department but not to exceed intervals of 3 months between reports until the case is closed and follow-up completed.

(6) All initial reports and subsequent reports submitted by attending physicians to the county health departments shall be forwarded to the department's Office of Disease Intervention, 1317 Winewood Boulevard, in Tallahassee.

Specific Authority 381.0011(13), 381.003(2), 392.53(2), 392.66 FS.

Law Implemented 381.0011, 381.003(1)(a), 392 FS.

History--New 7-19-89, Amended 2-26-92, 5-20-96, Formerly 10D-3.105.

64D-3.023 Reporting Requirements for Laboratories.

(1) Each person who is in charge of a laboratory which performs cultures for mycobacteria, or which refers specimens to laboratories other than those operated by the department for mycobacteria cultures, shall report all specimens positive for *Mycobacterium tuberculosis* and *Mycobacterium bovis* to the department. Reports shall be made by telephone or in writing within 72 hours from date of a test result. Where a telephone report is submitted, it must be followed by a written report within 1 week. Reports shall be submitted to the county health department office having jurisdiction for the area wherein is located the office of the reporting physician or the patient's residence.

(2) Identifying information required on the report is:

- (a) Test performed and result
- (b) Date of test
- (c) Name
- (d) Age
- (e) Race
- (f) Sex
- (g) Address
- (h) Name and address of physician
- (i) Name and address of laboratory performing test

(3) The form on which the information will be reported will be furnished by the laboratory.

(4) All test result information reported by laboratories to the local county health department also shall be submitted to the department's Tuberculosis Control Program office in Tallahassee.

Specific Authority 381.0011(13), 381.003(2), 392.53(2), 392.66 FS.

Law Implemented 381.0011(4), 381.003(1)(a), 392 FS.
History--New 7-19-89, Amended 2-26-92, Formerly 10D-3.106.

prescribed.

Specific Authority 381.0011(13), 381.003(2), 392.66 FS.

Law Implemented 381.0011, 381.003(1)(a), 392 FS.
History--New 7-19-89, Amended 2-26-92, Formerly 10D-3.109.

64D-3.024 Patient Treatment and Follow-up.

(1) All persons who have reason to believe that they may be infected with tuberculosis whether or not they are residents of Florida are entitled to evaluation, examination and treatment at county health department facilities. Such examination, evaluation and treatment shall be furnished at no cost for persons who are qualified as indigent. No person shall be denied treatment because of his inability or refusal to pay for treatment.

(2) Treatment, evaluation and examination for tuberculosis shall be in accordance with the guidelines provided by the Tuberculosis Policy Manual, United States Department of Health and Human Services, Public Health Service, Division of Tuberculosis Control, August, 1986, V 1-8, VI 1-3 and by the department's Tuberculosis Control Program office.

(3) The department, through the county health department, shall provide the attending physician of each person having or suspected of having tuberculosis a treatment plan form to be completed in accordance with the Florida Statutes.

(4) A treatment plan, containing target dates for rendering the infection noncommunicable and required periods for retesting and reporting to the department the results of those tests, shall be prescribed for each person known or suspected of having potentially transmissible tuberculosis.

(5) The department has the authority to petition a circuit court under the provisions of s. 392, s. 392.66, or s. 392.57, F.S., to require adherence to treatment plans